

(1) PLACE OF BIRTH

County of Sumter  
 Township of Providence  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

87622

Registration District No. 4105 Registered No. 145  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marguerite Williams If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 24 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Williams  
 (9) PRESENT POSTOFFICE OF FATHER Darzell S. C.  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 19

MOTHER.

(14) NAME BEFORE MARRIAGE Marguerite Richlow  
 (15) PRESENT POSTOFFICE OF MOTHER Darzell S. C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henry Williams  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Darzell S. C.

Given name added from a supplemental report

(26) Witness Mrs. Eva Burkett  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 2 1916 (28) B. McLaughlin Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING

When placed in the index, the name of the child should be written in the space provided for the purpose. The name of the mother should be written in the space provided for the purpose. The name of the father should be written in the space provided for the purpose. The name of the physician or midwife should be written in the space provided for the purpose. The name of the witness should be written in the space provided for the purpose. The name of the local registrar should be written in the space provided for the purpose.